



Employee Information

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: _____ Alternate Phone: _____

Email _____

SSN or Gov't ID: _____

Birth Date: _____ Marital Status: _____

Spouse's Name: _____

Spouse's Employer: _____ Spouse's Work Phone: _____

Emergency Contact Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Primary Phone: _____ Alternate Phone: _____

Relationship: _____

Two options for delivery:
1) Please email to the application to hring@mjclanddev.com
2) Drop the application off in person at 2056 F Road Loxahatchee, FL 33470

Employment Application Form

Application Date

Interview Date

General Information

Last Name First Name Initial Social Security No.

Address Home Telephone

City, State, Zip Message Telephone

Position Applied For Salary Desired

Date Available Hours Available
 FULLTIME PARTIME TEMPORARY PERMANENT

Are you able to perform the essential job functions of the position you are applying with or without reasonable accommodations? YES NO
If hired, will you be able to work overtime? YES NO

Are you at least 18 years of age? YES NO
If under 18, do you have a work permit? YES NO

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by court? A yes response does not automatically disqualify your application. If yes, please explain. YES NO

Education Information

School Address Major Studies Degree, Diploma, License or Certificate (list type and date)

High School

Vocation/Business/Other

College/university

College/university

Graduate

Other Special Knowledge, Skills or Qualifications (list any construction or manufacturing equipment, office skills, technical equipment or training)

Military Service (list dates, ranks and training)

For Clerical Applicants Only:

Do you type? NO YES: _____ WORDS PER MINUTE

Computer Skills (hardware/software)

Employment History

List all employers, starting with the most recent position. All information must be completed. You may attach a resume, but not in place of completing the required information.

Most Recent Employer Is this your current employer? NO YES May we contact this employer for references? NO YES

Employed From Employed To Job Title Starting Salary Ending Salary

Employer Name Employer Address Supervisor's Name Supervisor's Phone

Job Duties and Responsibilities

Reason for Leaving

Next Most Recent Employer

Employed From Employed To Job Title Starting Salary Ending Salary

Employer Name Employer Address Supervisor's Name Supervisor's Phone

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Other Information

Volunteer Activities (list organization, type of service, dates)

Hobbies, Interests (optional)

Certification and Authorization

The above information is true and correct.

I authorize the Company to inquire into my education, past employment history, and references as needed to research my qualifications for this position.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for the completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature

Date